



# New York State Association of School Nurses

[www.nysasn.org](http://www.nysasn.org)

“Caring for New York’s Future”

## AWARD FOR EXCELLENCE IN SCHOOL NURSING

### NOMINATION FORM

(TO BE COMPLETED BY THE PERSON NOMINATING  
A CANDIDATE FOR THIS AWARD & SUBMITTED TO THE ZONE AWARD COMMITTEE)

#### ALL INFORMATION MUST BE COMPLETE:

Name of nominee (please list all credentials as they will appear on the certificate)			
	(NOMINEE MUST BE A MEMBER OF NYSASN FOR THE CURRENT AND PRECEDING TWO YEARS)		
NYSASN Zone #		Name of Zone Representative	
Address (Street)			
(City, Town, Zip)			
Phone (home)			
Phone (work)			
Phone (cell)			
Email			
School District			
School Building		Grade level:	
Number of years in School Nursing			
Number of years as a member in NYSASN		Number of years as a member in NASN	
Other professional affiliations:			
Name, Title and Address of School Administrator/Principal:			
Administrator/Principal's Phone #:			
Name, Title and Address of School Superintendent:			
Superintendent's Phone #:			

**Scroll down to continue**

**DEADLINE: This completed form must be returned to your Zone Representative by April 30!**



<b>Nominated by:</b>	<b>Date:</b>
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**PLEASE STATE YOUR REASONS FOR NOMINATING THIS CANDIDATE: USE REVERSE SIDE AS WELL. THIS MUST BE COMPLETED IN ORDER FOR YOUR CANDIDATE TO BE CONSIDERED FOR THIS AWARD.**

**DEADLINE: This completed form must be returned to your Zone Representative by April 30th!**